FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

*PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P94000021661 (1)

SPRINT PAYPHONE SERVICES, INC.

FILED May 01 1996 8:00 am Secretary of State



Principal Place of Business		Mailing Address				
		-718-S. NORTHLAKE BLVD. SUITE 1020 ALTAMONTE SPRINGS FL,32701				
2. Principal Place of Business				'	3. Date Incorporated or Qualified 03/21/1994	3a. Date of Last Report 04/28/1995
21 750 S.NORT	HLAKEBUD 26	Mailing Address 150 S.No Suite, Apt. #, etc.	RTHLA	the BUD	4. FEI Number 59-3268090	Applied For Not Applicable
22 Suite 100	27	Suite 1	<u>000</u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28 Country	City & State	·		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 25	29 Address of Current Regis	Zip	Country 30		This corporation has liability for in Florida Statutes Yes	▼] No
9. Name and	Address of Current Hegis	stered Agent			10. Name and Address of New Re	gistered Agent
JONES, WALTER L. 718 NORTHLAKE BLV	n		81	Street Address	ard G. Twilley s (P.O. Box Number is Not Acceptable	5)
SUITE 210-		83	120	s. Northlak	ce Blvd	
ALTAMONTE SPRINGS	3 FL 3270 1.		84	SULT		85 Zip Code
11. Pursuant to the provisions of registered agent, or had a	Seomns (17.0502 and 60	7.1508, Florida Statutes	s, the above na	amed corporation	monte Springs on submits this statement for the purp	FL 85 Zip Code of Code
familiar with, and ascept the	10 yrlons of Self 607.	r Griange was authorized 0505, Fiorida Statutes.	by the corpo	ration's board o	on submits this statement for the purp of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE Signature, typed or printe	1000	•	KIGH	A CO Co signature required wh	. //x/// /57 P/	les, 5-09-94
12.v	OFFICERS AND DIREC	CIORS	13.	s griature required wh	ADDITIONS/CHANGES TO OFFIC	DAIL.
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CITY-ST-ZIP APOPKA FL	. 32703		1.4 CITY - ST -	1 4		703
TITLE DS	1100	DELETE	2 1 TITLE	<u> </u>	OPFALIFE SE	
NAME JOHNS, JE	RRY M		2 2 NAME			Change Addition
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CITY-ST-ZIP APOPKA FL	32703		24 CITY-ST-			
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CITY-ST-ZIP WESTWOOL			3.5 STREET A			Į.
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CITY-ST-ZIP ALTAMONTE	SPRINGS FL 32701		4.4 CITY-S1-		amonte Springs, 1	
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vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 ft c

SIGNATURE: